

## **Guidelines for DVHA Coverage**

### **ITEMS: EXCESS SUPPLIES (DIAPERS, CATHETERS, DRESSINGS, ETC)**

**DEFINITION:** Medical supplies are frequently used, disposable items that are necessary for the medical care of a beneficiary, due to a medical condition.

**GUIDELINES:** Prior authorization is only required when the amount of supplies requested exceeds the quantity allowed by Medicaid, or when there is a request for special types of supplies that are not generally covered. Supporting documentation must accompany requests for prior authorization, detailing the rationale for the additional supplies, or the rationale for the use of unlisted supplies. Documentation of an unsuccessful trial with a listed supply is required before an unlisted supply can be authorized.

**DIAPERS:** Until age 3, the family is responsible for the first 150 diapers per month. The request can be for up to 150 additional diapers with medical justification such as the child taking diuretics. For children over age 3, all diapers are covered with just a medical necessity form.

**PULL UP INCONTINENCE BRIEFS:** These are incontinence garments with no side tabs, which are pulled up over the feet and legs. They are a covered service when used as part of a comprehensive continence training program whose goal is to increase independence in the toileting process with the end result of continence. The comprehensive program must be prescribed by a physician who is active with the VT Medicaid program and knowledgeable in continence issues. The beneficiaries must be evaluated for entry into the program by a continence or toileting skills specialist, such as a nurse or a physical or occupational therapist, who will then direct the program and train all applicable caregivers. There must be quarterly reevaluation of program efficacy, with objective and measurable progress and documented participation by caregivers and the beneficiary. Approval of pull up briefs will not extend beyond a two year training period, at which time the goal of continence will have been reached, or the beneficiary will resume use of diapers.

**CATHETERS:** Justification is needed for the quantity and type (in and out, external, indwelling, sterile vs. clean). The least expensive medically necessary type is the most appropriate. Justifications may include: history of recent obstruction or urinary tract infection, accidental removal, malfunction, encrustation or plug obstructing catheter. Information is needed if in and out catheters are not being cleaned and reused as is standard with homecare.

**DRESSINGS:** Special types or excess quantities require prior authorization. The number in the DME schedule is based on average usage. See cautions below.

**OTHER:** Special types require prior authorization. This includes:

Unlisted antiseptics, unlisted adhesives, hypodermic syringes U40,80,100, unlisted diabetic items, unlisted ostomy supplies, tracheostomy tubes, inner annula replacements over 4 per month, trach vents over one per day, unlisted incontinence supplies, unlisted surgical supplies.

**CAUTIONS:**

**DIAPERS:** When authorizing diapers for beneficiaries beyond the age of 3, it is appropriate to consider whether the beneficiary has had access to a bowel/bladder evaluation and a training program to help alleviate or reduce incontinence.

**PULL UPS:** As pull ups are only authorized as part of a comprehensive toileting program, which is a type of conditioning program, it is essential that the program be carried out consistently across settings and across caregivers. Inconsistency will result in failure of the program. A realistic appraisal of the beneficiary's and caregiver's abilities is vital to the efficacy of the program.

**CATHETERS:** Consideration should be given to beneficiary/caregiver training in the proper use and cleaning of catheters, to prevent avoidable injury and infection.

**DRESSINGS:** Consideration should be given to the use of the most appropriate dressing in terms of current research on wound healing, and most efficient use of professional caregiver time. Sometimes the least expensive dressing creates tremendous expense in professional caregiver time. When a wound does not demonstrate improvement within a 2-week period, consideration should be given to alternative dressings or treatment. The assistance of an enterostomal nurse or certified wound specialist should be considered for wounds requiring excess amounts of dressings and/or wounds that have not progressed in a two week period.

**EXAMPLES OF DIAGNOSES:**

**DIAPERS:** For children under 3, renal disease, diuretic use. For individuals over 3, medical conditions which result in incontinence, such as hypotonia, spinal cord injury, cerebral palsy.

**PULL UPS:** Autism spectrum disorders, Down Syndrome/

**CATHETERS:** Spinal cord injury, spina bifida, multiple sclerosis.

**DRESSINGS:** Diseases requiring ostomy such as Crohn's disease; diseases resulting in pressure ulcers due to immobility and/or impaired sensation, such as spinal cord injury, diabetes, Alzheimer's disease or multiple sclerosis; post operative wounds; diseases resulting in open lesions such as some cancers.

**REFERENCES:**

Medicare Part B Urology Allowable Amounts and Guidelines. Byram Healthcare, Greenwich, CT.

Coverage Policy Bulletin #0533: Urinary Collection and Retention Systems and Supplies. Aetna US Healthcare. [www.aetna.com](http://www.aetna.com).

Region D DMERC Local Medical Review Policy, Subject: Urological Supplies. CIGNA Healthcare Medicare Administration. [www.cignamedicare.com](http://www.cignamedicare.com).

Region D DMERC Local Medical Review Policy. Subject: Surgical Dressings. CIGNA Healthcare Medicare Administration. [www.cignamedicare.com](http://www.cignamedicare.com).

Summary of the Agency for Health Care Policy and Research (AHCPR) Clinical Practice Guideline. Wound Care Information Network. [www.medicaledu.com](http://www.medicaledu.com).